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County Borough of Wolverhampton Education Committee



# Annual Report

*of the Principal School Medical Officer*

*for the year 1969*







County Borough of Wolverhampton Education Committee



# Annual Report

*of the Principal School Medical Officer*

*for the year 1969*

CENTRAL MEDICAL CLINIC,  
RED HILL STREET,  
WOLVERHAMPTON.

TO THE CHAIRMAN AND MEMBERS  
OF THE EDUCATION COMMITTEE

*Mr. Chairman, Ladies and Gentlemen,*

*The Report for the year 1969, which I now present, of the Principal School Medical Officer has been compiled by Dr. N. A. Jevons, Senior Medical Officer for Schools.*

*The general health of Wolverhampton's school children continues to be good and the proportion of children recorded by the medical officers as having an unsatisfactory standard of health has consistently diminished since 1957 when the incidence was 1.0%. It is therefore felt that the table of comparison with previous years need no longer be included in the Report.*

*There was no major epidemic of infectious disease during the year. A localised small outbreak of infectious jaundice was brought under control and some details are given in the Report. In this particular case the conditions were particularly favourable for arresting its spread to other children. Infectious jaundice, however, has sporadic outbreaks and it is not often that suitable conditions exist for its arrest. One feature emerges clearly—that success was achieved in this case by the co-operation of parents, by the assistance of another branch of the health service, the Public Health Laboratory Service and by facilities afforded by the school concerned.*

*The work of the School Health Service has constantly to be streamlined and its priorities constantly reviewed. The discovery and assessment of handicapped pupils' educational and other needs and the provision of these at the earliest age possible continue to be its primary function but priority has to be given to the prevention of infectious diseases when planning its work. Certainly the Service has played a major part in reducing the incidence of diphtheria since 1935, of tuberculosis since 1950 and of poliomyelitis since 1956 by its immunisation schemes.*

*It is always sad to record the deaths of school children. Of the 15 children who died in 1969, 10 were preventable in the sense that the majority of accidental deaths are preventable. The Wolverhampton Education Authority continues to give excellent support to the various aspects of accident prevention.*

*The Chief School Dental Officer, Mr. Awath-Behari, comments on the volume of work undertaken by Wolverhampton's School Dental Service and on the increasing awareness by schools of the value of dental health education, the importance of which Mr. Behari has emphasized by his presentation of a shield.*

*Reference is again made to the benefits of fluoridation of water supplies and some aspects are mentioned in the Report. Its proved value inevitably means that the Chief Dental Officer must draw attention to it.*

*The standing of Wolverhampton's School Dental Service is reflected in the fact that there is a waiting list of dental surgeons and auxiliaries who wish to join it, unusual among school dental services.*

*I wish to thank my colleagues in the School Health Service for their work and the Director of Education and his staff for their unfailing co-operation. Thanks must also be sincerely expressed to Head Teachers and their staffs.*

*We are grateful to the Chairman and Members of the Education Committee for their interest and support, genuinely appreciated.*

*Yours faithfully,*

*F. N. GARRATT,*

*Principal School Medical Officer.*

*October, 1970.*



County Borough



of Wolverhampton

SCHOOL POPULATION .. 49,543

### **School Health Service Staff, 1969**

#### **Principal School Medical Officer**

J. F. Galloway, M.D., Ch.B., D.P.M., D.P.H. (Retired 7 Feb. 1969)  
F. N. Garratt, Ph.D., M.B., Ch.B., D.P.H. (From 8 Feb. 1969)

#### **Deputy Principal School Medical Officer**

R. H. Browning, M.B., B.S., D.P.H. (Appointed 1 April, 1969)

#### **Chief School Dental Officer**

S. Awath-Behari, L.D.S., R.C.S.(Eng.).

#### **Senior Medical Officer and Ophthalmologist**

N. A. Jevons, L.M.S.S.A.(Lond.).

#### **Senior Assistant School Medical Officers**

Miss M. Ingham, M.B., Ch.B., D.C.H.  
G. R. Davies, B.Sc., L.M.S.S.A.(Lond.).

#### **School Medical Officers**

Mrs. M. H. Braine, M.B., B.S., D.P.H., M.M.S.A., D.T.M. (part-time).  
Miss M. E. C. McIntosh, M.B., B.Ch., D.C.H.  
Mrs. M. Rugg-Easey, M.B., B.S., M.R.C.P. (part-time).

### **Specialist Officers (Part-time)**

<b>Consultant Aural Surgeon</b>	G. O. Clark, M.B., Ch.B., F.R.C.S. (Edin.), F.R.C.S. (Eng.), D.L.O.
<b>Consultant Paediatrician</b>	H. W. Everley Jones, O.B.E., M.B., B.S., F.R.C.P.(Lond.).
<b>Consultant Psychiatrist</b> (Appointed by Birmingham Regional Hospital Board)	Miss K. Keane, M.B., B.Ch., D.R.C.O.G., D.P.H., D.C.H., D.P.M.
<b>Consultant Ophthalmologists</b>	J. Cox, M.B., B.S., D.O. P. Lambah, B.A., M.R.C.S., L.R.C.P., D.O. H. Campbell Orr, M.B., Ch.B., F.R.F.P.S., F.R.C.P.(Glas.). D. F. Woodhouse, B.M., B.Ch., F.R.C.S.(Eng.), D.O. B. R. Kesby, M.B., B.S., F.R.C.S.(Edin.), F.R.C.S.(Eng.), D.O. I. S. Chatha, M.B., B.S., F.R.C.S.(Eng.), D.O. (resigned 4.10.69)

### **Senior Speech Therapist**

Miss M. A. Williams, L.C.S.T.

### **Speech Therapist**

Mrs. H. M. Rawling (appointed 15.9.69)

### **School Nurses**

**Senior Nurse**—Miss M. M. Farrell, S.R.N., S.C.M., R.F.N.

### **Senior Educational Psychologist**

Mrs. H. J. Richardson, M.A., M.Ed.

### **Educational Psychologist**

R. E. Swingler, B.A., Dip.Ed.(Psych.).

### **Social Workers**

Mrs. E. Bouwmeester

Mrs. G. H. Stanier

**Chief Administrative Assistant**—Miss P. A. Hilton (appointed 21.4.69)

## CLEANLINESS

The school nurses made 34,215 examinations of pupils in schools for cleanliness during 1969.

The parents of 2,048 pupils were notified that their children had nits or vermin in the hair. Notices under Section 54 of the 1944 Education Act were issued in some cases but legal proceedings under this section are limited to those in which notices have on a previous occasion been issued and where also the Authority's arrangements for cleansing have been used.

A Cleansing Assistant deals with the more heavily infested cases among school children and with young people, adults and children under school age referred by the Health Department. Although not the only source, the home is the commonest and most potent cause of infestation in school children and it is hoped that by making the services of the Cleansing Assistant available to whole families this objectionable condition may ultimately be eradicated.

Cases dealt with by the Cleansing Assistant:—

School children	..	..	36
Pre-school children	..	..	5
Adults ..	..	..	1

## MEDICAL INSPECTIONS

All children in the entrant age group (aged 5) and specials in the leaver age group (age 14) were examined. The school nurses visited junior schools to test the sight and hearing of all pupils in the 8+ and 11+ year groups.

### Vision

Children are tested at the age of five and thereafter every three years. Those with known visual defects are given more frequent tests. Grammar school pupils and educationally subnormal pupils are tested annually.



## Hearing

The audiometricians tested the hearing of 6,100 children at the age of six years, using a pure-tone audiometer in the schools. Children who failed to attain normal standards of hearing were again tested at the school clinic and were seen by a school medical officer. Some of these children had only a temporary loss owing to a cold, or wax in the ears. Others were either referred to their general practitioner or to the specialist aural clinic. Of those who failed two audiometer tests 243 were referred to the aural clinic, representing 3.9% of the children tested.

The following table shows the percentage of children who were referred to the school aural clinic in previous years:—

1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
2.8%	4.2%	2.2%	3.1%	2.9%	3.1%	3.7%	2.5%	1.8%	1.9%	2.0%

## Tuberculin Heaf Tests

These are carried out on all children at their first entrant examination at the age of five years. During 1969 there were 333 whose Heaf tests were positive, of whom 143 had already had B.C.G. vaccination. Investigations of positive reactors is done by the Consultant Chest Physician, the Director of the Mass Radiography Unit and the Paediatric Registrar at their three departments.

## ARRANGEMENTS FOR TREATMENT

Pupils requiring treatment are referred either to their own general practitioner or to the appropriate school clinic. Urgent cases are referred to the hospitals when necessary.

### Education Authority Medical Clinics

Central School Medical Clinic Red Hill Street	Medical Officers' Clinic	Monday, Wednesday, Friday and Saturday mornings.
„ „	Minor Ailments	Each week day; mornings.
„ „	Ophthalmic	By appointment
„ „	Speech Therapy	By appointment
„ „	Consultant Paediatric	Twice monthly; Wednesday afternoons
„ „	Consultant Aural	Twice monthly; Thursday mornings
Primrose Lane Clinic	Medical Officers' Clinic	Tuesday and Friday, afternoons
„ „	Minor Ailments	Monday, Wednesday, Friday mornings.
Brooklands Parade Health Centre	Medical Officers' Clinic	Wednesday mornings
„ „	Minor Ailments	Monday, Wednesday and Friday mornings.
The Uplands, Finchfield	Child Guidance Department	By appointment
Bilston Health Centre	Medical Officers' Clinic	Thursday mornings
„ „	Minor Ailments	Monday to Friday; mornings, 9—10 a.m.
„ „	Ophthalmic	By appointment
Olinthus Avenue	Ophthalmic	By appointment
Regis Road, Tettenhall	Ophthalmic	By appointment
Warstones Clinic	Minor Ailments	Tuesday morning



## MEDICAL OFFICERS' AND MINOR AILMENTS CLINICS

The main purpose of these clinics is to provide facilities for conditions which do not require regular attendance at a child's family doctor's surgery or which, because they are connected with education, can be effectively dealt with by the school health service.

The minor ailments clinics, in charge of the school nurses, continues to treat between 20 and 70 children at each clinic daily. There was no change in the pattern of incidence of the conditions, minor injuries and the less serious septic lesions being, as before, frequent. Aural treatment on behalf of the consultant aural surgeon, and the treatment of verrucae have been regularly undertaken.

The medical officers' clinics were also busy. Head teachers referred cases through their education welfare officers for opinions on matters relevant to education—spasmodic attendance and prolonged absence for example.

The treatment of enuresis by the loan of an electric alarm device continues to be a valuable function of these clinics. Special arrangements have now been made for supervising these cases, some of which have been referred from hospital or from family doctors.

During 1969, 552 immigrant children were examined prior to school entry. Of those who had no evidence of having had B.C.G., 3 had +4 positive Heaf tests and 16 had +3 positives. These, together with 70 +2 and +1 positives, were referred to the New Cross Mass Radiography Unit.

B.C.G. was again offered to Asian immigrant children of all ages who were Heaf negative at the time of school entry.

Cases of trachoma were referred to the Eye Infirmary for treatment and were not admitted to school until cured. The consultant staff at the Eye Infirmary have endeavoured to examine other members of the households whenever cases of trachoma have been found.

### Speech Therapy

This was undertaken by Miss M. A. Williams and Mrs. H. Rawling. Miss Williams also attended the Royal and New Cross Hospitals on four afternoons each week.

Number of children treated..	..	..	..	..	468
Number of children discharged	..	..	..	..	102
Defects of articulation	..	..	..	..	426
Stammer	..	..	..	..	30
Cleft palate	..	..	..	..	12

Speech therapy was carried out at the Central Medical Clinic and at the three special schools.

Students from the Leicester School of Speech Therapy continued to attend during the year in order that they might observe the work of the therapist.

### Child Guidance Clinic

#### Number of new cases per year

1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
120	146	141	158	168	251	177	289	276	383	509
Waiting list on 31st December 1968							..	..	23	
Number of new cases referred during 1969							..	..	509	
Number of re-referrals during 1969							..	..	9	

#### SOURCE OF 1969 REFERRALS

Head Teachers	..	..	..	..	..	..	160
School Medical Department			..	..	..	..	96
Children's Department	..		..	..	..	..	56
Parents	..	..	..	..	..	..	33
General Practitioners	..		..	..	..	..	34
Education Welfare Department		..	..	..	..	..	16
Other Specialists	..	..	..	..	..	..	10
Remedial Teaching Service			..	..	..	..	7
Probation Department	..		..	..	..	..	10
Youth Employment Department		..	..	..	..	..	2
Health Visitor or School Nurse		..	..	..	..	..	2
Health Department	..	..	..	..	..	..	2
Inspector of Schools	..	..	..	..	..	..	1
Speech Therapist	..	..	..	..	..	..	1
Play Group Leader	..	..	..	..	..	..	1
Welfare Services	..	..	..	..	..	..	2
							<hr/>
							433
Screening of 8 year olds	..		..	..	..	..	76
							<hr/>
					TOTAL		509



### Aural Clinic

This is held by Mr. Clark at the Central Clinic. The aural clinic deals with cases of suspected deafness picked out by routine audiometry at the schools. Cases requiring operation are referred to the Royal Hospital. Among those referred to the clinic were 155 pupils who failed to attain a satisfactory standard at audiometry and for whom the school medical officers considered a specialist opinion advisable.

Number of clinics held	..	..	..	..	..	21
Total attendances	..	..	..	..	..	299
New Cases seen	..	..	..	..	..	155

### Ophthalmic Clinic

When a child is found to have defective vision his parents are notified and unless they wish to arrange for treatment otherwise than through the school health service his name is put on the clinic list. Spectacles are obtained from the optician of the parent's choice.

Ophthalmic clinics are held at Red Hill Street, Bilston, Wednesfield, Tettenhall and Parkfields.

### Paediatric Clinic

This is held by Dr. Everley Jones at the Central Clinic twice monthly.

It is a diagnostic clinic to which cases are referred by the school medical officers and medical officers of the Maternity and Child Welfare Department, and it provides a specialist opinion particularly where educational or child welfare matters are involved. The majority of cases are seen on one occasion only, those requiring further investigation being referred elsewhere. A copy of Dr. Everley Jones' report to the medical officer concerned is sent in all cases to the child's general practitioner.

Number of clinics held	..	..	..	..	..	25
Total attendances	..	..	..	..	..	182
New cases seen	..	..	..	..	..	82

## INFECTIOUS DISEASES

### Notifications, Wolverhampton School Children

	1963	1964	1965	1966	1967	1968	1969
Measles .. .. .	907	374	545	394	823	727	553
Scarlet Fever .. .. .	32	37	40	67	54	28	23
Diphtheria .. .. .	—	—	—	—	—	—	—
Whooping Cough .. .. .	30	29	14	39	53	8	5
Tuberculosis Respiratory .. .. .	6	3	4	13	8	7	11
„ Meninges and C.N.S. .. .. .	—	—	—	—	—	—	—
„ Other .. .. .	1	2	—	1	1	—	1
Poliomyelitis .. .. .	—	—	—	—	—	—	—
Meningococcal Infection .. .. .	1	—	—	—	—	—	—
Acute Encephalitis, infective .. .. .	—	—	—	—	—	—	2
„ „ post-infective .. .. .	1	—	—	—	—	—	—
Typhoid Fever .. .. .	1	—	—	—	—	—	—
Paratyphoid Fever .. .. .	—	—	—	—	—	—	—
Dysentery .. .. .	3	—	1	3	4	3	2
Food Poisoning .. .. .	—	1	1	2	2	4	1
Erysipelas .. .. .	—	—	—	1	—	—	—
Pneumonia .. .. .	5	1	3	3	1	—	—
Infective Hepatitis .. .. .	—	—	—	—	—	15	14
	987	447	608	523	946	792	612

### An outbreak of Infectious Hepatitis

Following reports by a Head Teacher that cases of jaundice were occurring at regular intervals in his school an investigation was made and it was found that the spread of the illness was mainly confined to close contacts of each case. The addresses of the children showed that most cases had occurred in two roads but even more striking was the proximity in class of children who had developed jaundice to others who subsequently became infected.

Infectious hepatitis is not necessarily a serious disease but it is always very debilitating, and a child may be away from school for as long as two or three months. In this particular school there were only 22 cases but they had been occurring regularly over several months with no sign of abatement.

At first, strict hygienic measures were put into effect and a county borough which in 1957 had a similar but larger outbreak kindly supplied copies of literature and advice given at that time. When it



seemed that these measures were not adequate the possibility of using gamma globulin to protect close healthy contacts for a few months was considered. It seemed likely that the protection of only a small number of contacts in one class would put up a barrier against further dissemination and it was therefore decided to limit the injections to certain children in this class. The Ministry of Health and Social Security agreed to the release of a small number of doses of human gamma globulin and these were obtained through the local Public Health Laboratory.

Parents of the children thought to be at risk were asked for their consent to immunisation and almost all agreed. The general practitioners of these children were also contacted to see if they knew of any reason why a particular child should not be immunised and they were also informed after the injection had been given, as symptoms of some diseases may be modified by it.

Eleven healthy children, but at particular risk, were each given 0.25G (1.6 ml) of human gamma globulin, the object being not only to protect these children but also to provide a "ring" of immunity among those most likely to develop jaundice and who might subsequently transmit the disease to others. The effect (apparently) was immediate and no further case has occurred in the school.

It is not often that conditions exist for the use of gamma globulin in this way but it provides an interesting example of the use of a particular method in the control of an infectious disease. It also, apparently, illustrates the way in which success was achieved by co-operation between the school, the parents and three branches of the medical service.

### **Prophylaxis**

Immunisation is available against four diseases—diphtheria, tetanus, poliomyelitis and tuberculosis—as part of the school health facilities. Arrangements for protection when necessary against smallpox are made jointly with the Health Department.

**Diphtheria, Tetanus, Poliomyelitis**

Immunisation in schools was continued for the age group, 5-6, and for other children when necessary.

	<i>Diphtheria and Tetanus</i>		<i>Diphtheria Tetanus and Polio</i>	<i>Polio</i>	<i>Tetanus</i>
Number who completed first course	1	76	312	104	—
Number who received reinforcement injections .. ..	4	153	542	222	7
Total number of children immunised	5	229	854	326	7

**Tuberculosis**

Dr. M. Ingham reports as follows:—

In 1969 B.C.G. Vaccination against tuberculosis was offered to first and second year pupils in Secondary Schools in Wolverhampton. Consent forms were issued to 4,187 pupils and there were 3,634 acceptances (86%) and of these 2,472 were vaccinated. The proportion of children who were skin test positive was 16%, over half of these had had B.C.G. only 8% being positive due to naturally acquired immunity.

Those not vaccinated numbered 1,162 and comprised:—

Absent or unsuitable for testing .. ..	371
Skin test positive .. ..	480
Skin test not read .. ..	285
Skin test negative vaccination deferred .. ..	26

In addition sessions were held at School Clinics for (i) Immigrant children of school age; (ii) Absentees from Secondary Schools. A further 411 children were given B.C.G. at these sessions bringing the total number of B.C.G. Vaccinations in 1969 by Local Authority Medical Officers to 2,883.

Of the children who were skin test positive referred for Chest X-ray two children were admitted to hospital with active tuberculosis of the lungs and two children were kept under review with primary lesions which were probably healed. Four other children in the same age group were notified during the year as having primary lesions in the lungs with enlarged hilar glands.



Errata Page 15

- (1) Beckminster House Day Special School is now renamed Penn Fields Day Special School.
- (2) Line 1. Delete "The 120" and insert "140"
- (3) The number of places at Kingswood School should read "120" and not "160"





## **HANDICAPPED PUPILS**

### **Beckminster House Day Special School**

The 120 places for educationally subnormal boys and girls up to the age of sixteen were filled throughout the year.

### **Ryton Hall Residential Special School**

Ryton Hall Special School continued to cater for the needs of 62 educationally subnormal boys aged 10 to 16. The boys came mainly from Wolverhampton, Oxfordshire and Warwickshire, but there were also boys from other Authorities.

Opportunity is provided for these boys to live in a stable community that encourages their social, educational and emotional development.

### **Kingswood Residential School for Delicate Children**

The 160 places for boys and girls from five to sixteen were filled throughout the year.

Kingswood School caters for children who come into the Department of Education and Science category of 'delicate'. They are not handicapped to the extent of needing the range of services or the attention provided at a school for the physically handicapped, but they are children whose well-being and development is aided in a definite and measurable degree by residence at a school for delicate children.

The swimming bath continues to be a major feature of the school's activities and the majority of the children can swim.

Physiotherapy was continued twice weekly by Mrs. Hollis of the Royal Hospital School of Physiotherapy assisted by two students of the school, working under her direction. This is another most valuable service.

The general practitioner to Kingswood School, Dr. J. P. Jackson, attended each week and he or his partners attended on other occasions as required.

**Unit for Hearing-Impaired Children, Stowheath Infants School**

This is an extension to Stowheath Infant School and consists of four teaching rooms, a central activity area and two rooms for audiometry and observation connected by a microphone and a one-way glass window. The activity area and rooms have induction loops so that children do not have to rely solely on the amplifying units attached to the desks.

As the Unit is connected to the Infant School its pupils are able to mix with children who have normal hearing.

The age range of the pupils is from two to eight years. They are mainly from Wolverhampton, but some are from our neighbouring County Boroughs and Staffordshire. About thirty children are on the Unit's register, but the actual number can vary and depends upon the proportion who attend part-time only. All are brought and taken home by special bus.

The full-time staff consists of three qualified teachers of the deaf and two assistants who are qualified nursery nurses. All are on the staff of Stowheath Infants School.

Admissions and transfers are considered by an admissions panel under the chairmanship of the consultant aural surgeon, Mr. Clark. In addition to receiving medical, educational and psychological reports the panel has audiographs available and is able to observe the child with his teacher.

The advantages of day education for the majority of hearing-impaired children are great and it is, of course, also less costly than residential education. In the absence of the Unit some children would achieve considerably less than their full potential if attending an ordinary school or would have to attend a special boarding school for their development to proceed along near-normal lines.

**Home Tuition**

This was provided for 1 child during 1969, the cause of his disability being as follows:—

Educationally subnormal	..	..	..	..	..	1
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### **Education in Hospitals**

Teaching each morning was continued at the Royal, New Cross and the Children's Hospital.

### **Notifications to the Local Authority**

During 1969 there were 18 children who were found to be unsuitable for education at school. The Local Health Authority was informed in accordance with procedure under Section 57(4) of the Education Act, 1944, as amended by the Mental Health Act, 1959.

### **Hearing Aids**

During the year 6 children were supplied with hearing aids.

## **REPORT ON PHYSICAL EDUCATION**

Mr. T. Churchill, Inspector for Physical Education reports on a year of continued progress and development in Physical Education.

### **Facilities**

During 1969 two new primary schools, SS. Mary and John and St. Stephen's and one infant school (Underhill) have been completed and fully equipped with modern fixed and portable apparatus. The policy of installing new fixed apparatus and other pieces of large equipment in existing primary schools was continued at Bingley Street, Bushbury County, Goldthorn Park and St. Mary's. One of the many difficulties facing a full programme of work in primary schools is lack of storage space. Modern equipment is made to fold unobtrusively against a wall and almost all primary school halls now have climbing frames, ropes, trapezes, hand rings and rope ladders. Additional climbing frames and tree logs for outside play areas were also installed in certain infant schools.

### **Secondary Schools**

Whilst indoor facilities in secondary schools are good the playing field situation remains serious. Fortunately nine schools with serious playing field deficiencies enjoy the use of Dunstall Park, but transport

is costly and much time is consumed travelling to playing fields. The shower block recently completed at Dunstall Park is well used by schools and adult clubs. Additional athletics areas for jumps and throwing events together with a number of artificial cricket wickets were also finished during the winter months. The standard of maintenance of school playing fields remains high and the work of the playing fields unit is much appreciated by schools.

### **Swimming and 'Learn to Swim' Classes**

Approximately 6,300 children qualified for swimming awards. During the Easter and August holidays swimming baths at Wednesfield, Smestow and Parkfield were used to teach seven year old children to swim. By dropping water levels to 3' and liberal use of armbands and rubber rings 1,071 children were able to swim 1 width after 5 hours tuition. Fifty more children were able to swim a few strokes with artificial aids. Similar results can be achieved in other parts of the Borough if teaching pools are made available.

### **Outdoor Education**

During 1969 there has been a 40% increase in the number of children participating in residential courses at seven centres. The Conference in Outdoor Education attracted over 100 teachers and at a subsequent follow up an Environmental Study Group was formed. Useful links have been forged with some colleges of education wishing to participate in our schemes. There has been considerable growth in canoeing and more schools are now producing their own glass fibre canoes. The School Sailing Scheme at Himley Hall was enlarged to cater for the Youth Service. The Beaudesert field centre enabled many teachers and children to enjoy the sport of orienteering. More schools organised ski-ing parties to various centres both at home and abroad. An artificial ski slope considerably reduces the risk of accidents and increases the technical competence of those taking part; unfortunately not all schools were able to gain this experience beforehand.

Some schools were able to purchase their own outdoor equipment with the aid of the 50% grant scheme.



**Holiday Play Centres**

Play Centres at Brickkiln Street, Elston Hall, Woden Avenue and Hill Avenue were opened during the school holidays. The new centre at Hill Avenue was well attended.

**In Service Training**

Courses of varying lengths to plan curricular work and train teachers were held during the year. Teachers conducted sailing courses and also acted as demonstrators in some of the other courses.

Courses held during the year were as follows:—

P.E. in the Primary School (Area Course Wednesfield)  
P.E. in the Primary School (Area Course Spring Vale)  
Approach to Dance through the Arts.  
Athletics.

Canoe Building  
Canoeing (B.C.U. Awards) The Towers  
Canoeing (B.C.U. Awards) River Severn  
Canoe Rolling

Mountain Leadership Award  
Orienteering  
Sailing

Recreative classes for youth and adults in a variety of activities were held in secondary schools.

Thanks are once again extended to the Education Committee, Head teachers and their Staff for co-operation throughout the year.

**PROVISION OF MEALS**

The Organiser of School Meals, Miss D. A. Kendrick, has kindly given the following information:—

1.	Number of School Kitchens	..	..	..	..	..	79
2.	Number of daily individual meals served to School children	..					27,268
3.	Percentage of children present in Schools were were taking:—						
	(a) School Meals	..	..	..	..	..	62%
	(b) School Milk	..	..	..	..	..	89%

## DEATHS OF SCHOOL CHILDREN

### *Age*

12	Neuroblastoma of orbit
7	Dislocation of neck (accident)
9	Fractured skull (accident)
5	Viral encephalitis
14	Asphyxia (aspiration of vomit)
6	Fractured pelvis and fractured skull (accident)
15	Fractured skull (accident)
8	Compression of chest by concrete slab (accident)
5	Dislocation of neck and fractured skull (accident)
7	Oedema of larynx (misadventure)
14	Nephrotic syndrome
12	Multiple injuries (accident)
12	Asphyxia (aspiration of blood, epistaxis, influenza)
6	Dislocation of neck (accident)
11	Acute Leukaemia

## ACKNOWLEDGEMENT

The staff of the school health service are indebted to many individuals whose co-operation has been an important factor in the effective functioning of the service. Their support is gratefully acknowledged.

Particular mention should be made of the assistance given by the consultants connected with the school health service, whose advice and help have been of great value.



MEDICAL INSPECTION AND TREATMENT

(Excluding Dental Inspection and Treatment—See Form 28M)

RETURN FOR THE YEAR ENDED 31st DECEMBER, 1969

Number of pupils on registers of maintained primary, secondary, special and nursery schools in January, 1970—49,543

PART I.—MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A.—PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of Birth)	No. of Pupils who have received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPECTED		No. of Pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory		For defective vision (excluding squint)	For any other condition recorded at Part II	Total Individual pupils
		No.	No.				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1965 and later	164	164	—	—	1	29	30
1964	140	140	—	—	4	30	34
1963	1,405	1,405	—	—	98	183	281
1962	2,400	2,400	—	—	135	390	525
1961	362	362	—	—	9	72	81
1960	30	30	—	—	4	5	9
1959	23	23	—	—	2	8	10
1958	23	23	—	—	1	10	11
1957	27	27	—	—	—	7	7
1956	28	28	—	—	2	7	9
1955	15	15	—	—	—	6	6
1954 and earlier	40	40	—	—	—	8	8
TOTAL	4,657	4,657	—	—	256	755	1,011

Column (3) total as a percentage of Column (2) total..... 100%

Column (4) total as a percentage of Column (2) total.....

**TABLE B.—OTHER INSPECTION**

Notes:—A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of special Inspections .. .. .	10,271
Number of Re-inspections .. .. .	1,368
TOTAL ..	<u>11,639</u>

**TABLE C.—INFESTATION WITH VERMIN**

Notes:—All cases of infestation, however slight, should be included in Table C. The numbers recorded at (b), (c) and (d) should relate to individual pupils, and not to instances of infestation.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons .. .. .	34,215
(b) Total number of individual pupils found to be infested .. .. .	2,048
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) .. .. .	2,048
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) .. .. .	2



**MEDICAL INSPECTION AND TREATMENT**

RETURN FOR THE YEAR ENDED 31st DECEMBER, 1969

**PART II—DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR**

Defect Code No. (1)	Defect or Disease  (2)	PERIODIC INSPECTIONS								SPECIAL INSPECT- IONS	
		Entrants		Leavers		Others		Total			
		(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
4.	Skin .....	54	28	—	—	11	1	65	29	292	9
5.	Eyes—a. Vision .....	261	56	—	—	11	3	272	59	24	11
	b. Squint .....	51	34	—	—	5	1	56	35	9	—
	c. Other .....	17	8	—	—	1	3	18	11	44	1
6.	Ears—a. Hearing .....	47	85	—	—	1	2	48	87	200	29
	b. Otitis Media .....	27	18	—	—	2	2	29	20	48	4
	c. Other .....	29	22	—	—	2	—	31	22	18	3
7.	Nose and Throat .....	62	158	—	—	5	11	67	169	29	3
8.	Speech .....	3	4	—	—	—	—	3	4	32	4
9.	Lymphatic Glands .....	2	2	—	—	1	—	3	2	7	—
10.	Heart .....	3	36	—	—	1	3	4	39	10	2
11.	Lungs .....	39	41	—	—	1	1	40	42	38	4
12.	Developmental—										
	a. Hernia .....	5	8	—	—	1	1	6	9	2	—
	b. Other .....	20	33	—	—	5	1	25	34	26	8
13.	Orthopaedic—										
	a. Posture .....	3	11	—	—	1	1	4	12	—	5
	b. Feet..... .....	25	16	—	—	11	4	36	20	52	2
	c. Other .....	95	22	—	—	18	6	113	28	66	7
14.	Nervous System—										
	a. Epilepsy .....	1	8	—	—	2	—	3	8	4	—
	b. Other .....	74	112	—	—	3	2	77	114	67	13
15.	Psychological—										
	a. Development .....	4	6	—	—	1	1	5	7	32	4
	b. Stability .....	13	15	—	—	—	—	13	15	52	8
16.	Abdomen .....	5	10	—	—	—	—	5	10	28	—
17.	Other .....	100	95	—	—	9	10	109	105	147	24

**MEDICAL INSPECTION AND TREATMENT**

RETURN FOR THE YEAR ENDED 31st DECEMBER, 1969.

**PART III—TREATMENT OF PUPILS ATTENDING MAINTAINED  
PRIMARY AND SECONDARY SCHOOLS  
(INCLUDING NURSERY AND SPECIAL SCHOOLS)**

Total numbers of:—

- (i) cases treated or under treatment during the year by members of the Authority's own staff;
- (ii) cases treated or under treatment during the year in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Board; and
- (iii) cases known to the Authority to have been treated or under treatment elsewhere during the year.

**TABLE A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT**

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint .....	144
Errors of refraction (including squint) .....	2,734
<b>TOTAL</b> .....	<b>2,878</b>
Number of pupils for whom spectacles were prescribed .....	1,543

**TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT**

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear .....	—
(b) for adenoids and chronic tonsil- litis .....	145
(c) for other nose and throat conditions .....	57
Received other forms of treatment .....	—
<b>TOTAL</b> .....	<b>202</b>
Total number of pupils still on the regi- ster of schools at 31st December, 1969, known to have been provided with hearing aids—	
(a) during the calendar year 1969 (see note below).....	6
(b) in previous years .....	57

A pupil recorded under (a) above should not be recorded at (b) in respect of the supply of a hearing aid in a previous year.



**TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS**

	Number known to have been treated
(a) Pupils treated at clinics or out- patients departments .....	—
(b) Pupils treated at school for postural defects .....	—
TOTAL .....	—

**TABLE D.—DISEASES OF THE SKIN**  
(excluding uncleanness, for which see Table C of Part I)

	Number of pupils known to have been treated
Ringworm—(a) Scalp .....	3
(b) Body .....	6
Scabies .....	29
Impetigo .....	42
Other skin diseases .....	92
TOTAL .....	172

**TABLE E.—CHILD GUIDANCE TREATMENT**

	Number known to have been treated
Pupils treated at Child Guidance clinics .....	498

**TABLE F.—SPEECH THERAPY**

	Number known to have been treated
Pupils treated by speech therapists .....	468

**TABLE G.—OTHER TREATMENT GIVEN**

	Number known to have been treated
(a) Pupils with minor ailments .....	3,961
(b) Pupils who received convalescent treatment under School Health Service arrangements .....	15
(c) Pupils who received B.C.G. vaccination.....	2,883
(d) Other than (g), (b) and (c) above. Please specify	
Immunisations (various):—	
Completed Courses .....	553
Re-inforcing Doses .....	928
TOTAL (a)—(d) .....	5,442

SCREENING TESTS OF VISION AND HEARING

1. (a) Is the vision of entrants tested as a routine within their first year at school? .....

Yes
- (b) If not, at what age is the first routine test carried out? .....

—
2. At what age(s) is vision testing repeated during a child's school life? .....

8, 11, 13, 15
3. (a) Is colour vision testing undertaken? .....

Yes
- (b) If so, at what age? .....

11+
- (c) Are both boys and girls tested? .....

Yes
4. (a) By whom is vision testing carried out? .....

By School Nurses
- (b) By whom is colour vision testing carried out? .....

By School Medical Officers
5. (a) Is routine audiometric testing of entrants carried out within their first year at school? .....

No
- (b) If not, at what age is the first routine audiometric test carried out? .....

6+
- (c) By whom is audiometric testing carried out? .....

By Audiometricians



# PART I

27

# CHILDREN FOUND UNSUITABLE FOR EDUCATION AT SCHOOL

During the calendar year ended 31st December, 1969,

	...	...	...	...	...	...
(i) how many children were the subject of new decisions recorded under Section 57 of the Education Act, 1944?	...	...	...	...	...	...
						18

(ii) how many reviews were carried out under the provisions of Section 57A of the Education Act, 1944? ... ..

(iii) how many decisions were cancelled under Section 57A(2) of the Education Act, 1944?

## PART III

**PUPILS AWAITING PLACES IN SPECIAL SCHOOLS OR RECEIVING EDUCATION IN SPECIAL SCHOOLS;  
INDEPENDENT SCHOOLS; IN SPECIAL CLASSES AND UNITS; UNDER SECTION 56 OF THE EDUCATION ACT,  
and BOARDED IN HOMES**

As at 22nd January 1969	Blind (1)	P.S. (2)	Deaf (3)	Pt. Htg. (4)	P.H. (5)	Del. (6)	Mal. (7)	E.S.N. (8)	Epil. (9)	Sp. Def. (10)	TOTAL (11)
A. How many children from the authority's area were awaiting places in special schools other than hospital special schools?											
(1) Under 5 years of age											
(i) waiting before 1st January 1969:—											
boys	—	—	—	—	—	—	—	—	—	—	—
girls	—	—	—	—	—	—	—	—	—	—	—
(b) boarding places											
boys	—	—	—	—	1	—	—	—	—	—	1
girls	—	—	—	—	—	—	—	—	—	—	—
boys	—	—	—	—	—	—	—	—	—	—	—
girls	—	—	—	—	—	—	—	—	—	—	—
(ii) newly assessed since 1st January 1969:—											
boys	—	1	—	—	—	—	—	—	—	—	1
girls	—	—	—	—	—	—	—	—	—	—	—
(a) day places											
boys	—	—	—	—	—	—	—	—	—	—	—
girls	—	—	—	—	—	—	—	—	—	—	—
(b) boarding places											
boys	—	—	—	—	—	—	—	—	—	—	—
girls	—	—	—	—	—	—	—	—	—	—	—
(a) day places											
boys	—	—	—	—	1	—	—	9	—	—	10
girls	—	—	1	—	1	—	—	2	—	—	4
(b) boarding places											
boys	—	—	—	—	—	—	2	4	—	—	6
girls	—	—	—	—	—	—	3	2	—	—	5
(ii) newly assessed since 1st January 1969:—											
boys	—	—	—	—	—	—	—	—	—	—	—
girls	—	—	—	—	—	—	—	—	—	—	—
(a) day places											
boys	—	—	—	—	—	—	—	—	—	—	—
girls	—	—	—	—	—	—	—	—	—	—	—
(b) boarding places											
boys	—	1	—	—	—	—	—	—	—	—	1
girls	—	—	—	—	—	—	—	—	—	—	—
(a) day places											
boys	—	—	1	4	2	—	—	20	—	—	27
girls	—	—	1	1	—	—	—	13	—	—	15
(b) boarding places											
boys	1	2	2	—	—	—	8	8	3	—	24
girls	1	—	—	—	—	—	—	2	—	—	3
(b) Others											
(a) day places											
boys	—	—	1	4	3	—	—	29	—	—	37
girls	—	1	2	1	1	—	—	15	—	—	20
(b) boarding places											
boys	1	2	2	—	1	—	10	12	3	—	31
girls	1	1	—	—	—	—	3	4	—	—	9
(3). Total number of children awaiting admission to special schools other than hospital special schools—total of (1) and (2) above:—											
boys	—	—	1	4	3	—	—	29	—	—	37
girls	—	1	2	1	1	—	—	15	—	—	20
(a) day places											
boys	1	2	2	—	1	—	10	12	3	—	31
girls	1	1	—	—	—	—	3	4	—	—	9
(b) boarding places											
boys	1	2	2	—	1	—	10	12	3	—	31
girls	1	1	—	—	—	—	3	4	—	—	9



As at 22nd January 1970:—		Blind (1)	P.S. (2)	Deaf (3)	Pt. Hg. (4)	P.H. (5)	Del. (6)	Mal. (7)	E.S.N. (8)	Epil. (9)	Sp. Def. (10)	Total (11)
B How many pupils from the Authority's area were on the registers of:—												
(i) Maintained special schools (other than hospital special schools and special units and classes not forming part of a special school) regardless by what authority they are maintained	boy	—	6	2	7	18	—	—	121	—	—	154
	girls	—	2	1	6	8	—	—	78	—	—	95
	boys	—	4	7	3	2	60	1	49	—	—	126
	girls	—	2	1	1	1	54	—	5	—	—	64
(ii) Non-Maintained special schools (other than hospital special schools and special units and classes not forming part of a special school) wherever situated	boys	—	—	—	—	2	—	—	—	—	—	2
	girls	—	—	—	—	2	—	—	—	—	—	2
	boys	4	—	4	—	5	5	20	16	4	—	58
	girls	3	—	5	—	—	4	1	16	—	—	29
(iii) Independent schools under arrangements made by the authority. Totals to agree with the totals on Form 21bM	boys	—	—	—	—	—	—	—	—	—	—	—
	girls	—	—	—	—	—	—	—	—	—	—	—
	boys	—	—	—	—	—	—	8	—	—	—	8
	girls	—	—	—	—	—	—	—	—	—	—	—
(iv) Special classes and units not forming part of a special school. Totals to agree with the totals on Form 21aM	boys	—	—	—	15	—	—	—	—	—	—	15
	girls	—	—	—	13	—	—	—	—	—	—	13
	boys	—	—	—	—	—	—	—	—	—	—	—
	girls	—	—	—	—	—	—	—	—	—	—	—
C How many children from the Authority's area were boarded in homes and not already included in B above. Totals to agree with the totals on Form 21cM.												
D How many handicapped pupils (irrespective of the area to which they belong) were being educated under arrangements made by the authority in accordance with Section 56 of the Education Act 1944. Totals of (i) and (ii) to agree with the totals on Form 21dM.	(i) in hospitals	—	—	—	—	—	—	—	—	—	—	—
	(ii) in other groups, e.g. units for spastics, etc.	—	—	—	—	—	—	—	—	—	—	—
	(iii) at home	—	—	—	—	—	—	—	1	—	—	1
	boys	—	—	—	—	—	—	—	—	—	—	—
	girls	—	—	—	—	—	—	—	—	—	—	—
E Total number of handicapped children requiring places in special schools; receiving education in special schools; independent schools; special classes and units; under section 56 of the Education Act 1944; and boarded in Homes.		6	14	19	33	35	65	49	269	10	—	500
Totals of A(3): B(i) to (iv): C and D (i) to (iii) above		5	8	11	22	13	58	7	137	—	—	271

## **School Dental Service 1969**

### **Chief Dental Officer**

Mr. S. Awath-Behari, L.D.S., R.C.S., B.D.S.

### **Area Dental Officers**

Miss S. Lister, B.D.S. (resigned 8.8.69)  
Mr. C. M. Slater, B.D.S.  
Mr. D. K. Chowdhury, L.D.S. (from 3.9.69)  
Mr. R. J. Southall, B.D.S. (from 1.8.69)  
Mr. B. K. Robinson, B.D.S.

### **Senior Dental Officers**

Mr. J. H. Bates, B.D.S. (resigned 31.12.69)  
Mr. D. J. Jory, B.D.S. (resigned 23.7.69)  
Mrs. J. R. Jory, B.D.S.  
Mrs. R. Ronayne, B.D.S.  
Mr. A. J. Whyman, B.D.S. (from 1.7.69)

### **Dental Officers**

Mr. R. J. Southall, B.D.S. (to Area Dental Officer 1.8.69)  
Mr. A. J. Whyman, B.D.S. (to Senior Dental Officer 1.7.69)  
Mr. Y. Sadiq, B.D.S. (from 16.6.69)  
Mr. T. A. Kuyebi, L.D.S. (from 11.8.69)  
Mr. M. Nousseir, L.D.S. (from 1.7.69)

### **Specialist Officers**

Anaesthetists	Dr. M. M. Newby, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H. Dr. G. I. Villiers, M.B., D.C.H., B.A.O.
Orthodontist	Mr. T. G. N. Williams, B.D.S., D.Orth.

### **Dental Auxiliaries**

Miss R. Fisher  
Miss E. Goodwin  
Miss S. Hudson (from 3.3.69)  
Miss M. E. Mackay (from 3.9.69)  
Miss S. Moss (resigned 30.4.69)  
Miss L. Rae  
Mrs. K. Rogers  
Miss G. Salter (resigned 16.9.69)  
Miss W. Titley (from 1.5.69)  
Miss J. L. Watkin (resigned 28.2.69)  
Miss J. Whitehouse



**Dental Technicians**

In charge            Mr. W. Lintott, L.I.B.S.T.  
                         \*Mr. K. W. Cordingley  
                         Mr. E. Lloyd Jones  
                         \*Mr. R. Stanley (resigned 3.7.69)

\*City and Guilds Certificate in Dental Technology

Assistant            Mrs. V. Davies (resigned 31.12.69)

**Dental Surgery Assistant**

\*Miss E. Lovatt

**Secretary**

Mrs. W. H. Hughes

**Dental Clinics, 1969**

Central Dental Clinic	}	4 surgeries		Examination, Conservation and general dentistry. General anaesthesia Orthodontics Laboratory Administration
No. 1 Mobile Clinic				
Primrose Lane		3 surgeries	}	Examination, Conservation and general dentistry. General anaesthesia.
Wednesfield	}	2 surgeries		
No. 2 Mobile Clinic				
Bilston		1 surgery		
Oxley—2 surgeries			}	Examination, Conservation and general dentistry.
Brooklands Parade—2 surgeries				
Parkfields—3 surgeries				
Warstones—2 surgeries				
Park Lane—1 surgery				
Lea Road—1 surgery				
Penn—2 surgeries				

All clinics are equipped with X-ray facilities.

All Clinics, with the exception of the mobile clinics, undertake examination and treatment of maternity and child welfare patients.

# Report of the Chief Dental Officer for 1969

It is heartening to report that all through the year the dental service was fully staffed and even more surprising the fact that for the first time in years the Wolverhampton School Dental Service had a waiting list of dental surgeons and auxiliaries—a situation very unique in school dental services. During the course of the year three dental surgeons left the Service, two going into general practice and one to another local authority dental service in London. They were replaced by three others, one of whom possessed the Diploma in Public Dentistry—a qualification very essential to local authority dental services these days and which more and more public dental officers should be encouraged to acquire.

We lost three dental auxiliaries to other local authority services for the simple reason that they were all getting married and moving out of the area. Here again we had no trouble in filling their vacancies.

Each year we have a large number of resignations from dental surgery assistants but in 1969 only two of the girls resigned. One of our receptionists, Mrs. Leach, resigned for domestic reasons after just over 10½ years' service to the authority.

The resignation of one of our dental technicians caused some hardship because these posts are difficult to fill. Technicians can get far better salaries working in professional laboratories and as such cannot be lured to local authority dental services. Unless the salary structure for these people is improved recruitment of new staff and retention of existing staff is going to be extremely difficult.

The Service had its usual quota of visitors from abroad in 1969. The most unique was the visit of Professor Edwin Eames, Professor of Anthropology at Temple University, U.S.A. He had heard a lot about the Wolverhampton School Dental Service from another professor from Michigan who had visited us two years previously.



During the year 7,796 sessions (half days) were worked. Of these 6,640 sessions were devoted to treatment, 759 to inspection and 397 to dental education. These figures give an overall increase of about 600 sessions over the previous year and it is significant that the major increase was in dental health education. Dental examination of children carried out in schools and at clinics totalled 17,716 and visits to clinics for treatment of all types increased by just over 5,000 to 42,149. The number of children treated rose from 10,855 to 13,111 and this figure brings us on par with the figure prior to amalgamation of the new areas into Wolverhampton in 1966.

The number of fillings inserted in permanent teeth increased by 5,000 to 26,153 and in 'baby' teeth this rose to 9,150, an increase of just over 2,220. As expected, the number of teeth extracted fell by 1,000 in each category. As the Wolverhampton School Dental Service runs a very efficient emergency service the number of 'casuals' attending for extraction boosts this figure out of proportion and it really bears little relation to the 'conservative' efforts of the Service.

The number of dentures supplied to children was almost the same as in the previous year. Because of the emergency sessions each day, the number of general anaesthetics administered totalled 6,401, one less than last year. The demand for orthodontic treatment continues to increase and an additional 314 cases were commenced; 641 removable and 29 fixed appliances were fitted. If the present trend for orthodontic work continues there will be an urgent need for the employment of another full time orthodontist.

As indicated in the previous report an additional special session (making two each week) has been set aside for treating mentally and physically handicapped children. Treating these children presents various and diverse problems and it is hoped to train some of the staff in the special techniques etc., that are required in handling and dealing with them.

Dental Health Education has been taken up with a lot of enthusiasm by schools and it is not unusual these days for schools to request the Dental Service to give talks and demonstrations on this aspect of health. It is hoped that this opportunity will be taken up by more and more schools. A special Health Campaign was mounted in the Parkfields area for all schools in that region and schools were asked to

send teachers and children in groups to attend lectures, demonstrations film shows, etc., and at the end of it all a competition was organised to see which school could submit the best paintings, essays or other entries for a Dental Health Education Shield presented by the Chief Dental Officer.

The response from the schools was so enthusiastic that it was difficult to decide to whom the award should go but eventually it was awarded to St. Theresa's School, which had gone to great lengths and trouble to produce their Christmas play based on a dental theme. This type of enthusiasm and effort on the part of teachers and children is very encouraging and I hope sincerely that a similar response will be forthcoming from other areas. The next Dental Health Campaign is scheduled for the Wednesfield area. The Service has managed to encourage nursery teachers from play-groups to utilize our dental health education services. By and large it is very difficult to get to the under 5 year old children and by utilizing these opportunities offered by play-groups and also by making dental health education a regular feature of all ante-natal classes we hope to motivate the mothers as well as their under 5 year old children.

The Service was fortunate in acquiring the services of two Asian dental surgery assistants. These young ladies have proved a great asset to the Service, especially in dealing with Asian patients, most of whom speak little or no English. As a result not only are we able to check adequately on medical histories of patients undergoing general anaesthesia but also to deal with their enquiries and problems. Apart from these aspects they have proved invaluable in translating dental health education talks to this section of the community.

The Service played its usual role in co-operating with the Careers Centre and taking part in various Careers Conventions in the town and career talks at schools on the various aspects of dentistry.

As far as priorities go my report last year highlighted Bilston and the lack of adequate facilities in that area. This has now been partially resolved by the siting of a mobile dental clinic adjacent to the static clinic. While it in no way solves the problem it at least alleviates part of it but it is hoped that the present facilities will be replaced by a new Health Centre which will include a three to four surgery dental suite.



The Dental Service is expanding very rapidly and already the total staff in the Service number 67. In the next couple of years this is likely to increase to the 100 mark. As we acquire more and more clinics, the Central Clinic, which is the administrative and storage centre, becomes increasingly smaller and now we face an acute shortage of space. More office accommodation, storage and surgery space and toilet facilities are required. The present clinic could be extended sideways or upwards but either way something constructive is urgently required.

A considerable disappointment to me was the rejection by six votes of fluoridation of our water supply. However, the fact that adoption was defeated by only 6 votes is very indicative of changing attitudes towards this important issue. By and large nobody doubts or denies the benefits that accrue from fluoridating the water supply and it is sad to think that such an important issue is still subject to dispute and debate.

It is interesting to note that in Birmingham after 6 years of fluoridation parents and clinicians are surprised at the remarkable results being achieved. Parents who have had children before and after fluoridation cannot help noticing the difference in their children's teeth but far more important is the fact that the Birmingham Dental Hospital is finding it difficult to get enough children with decayed teeth for demonstration and teaching purposes. Because of this undergraduate dental students in their clinical years may have to make do with synthetic teeth in years to come and this is not uncommon in the U.S.A. where over 75 million people are reaping the benefits of fluoridation. I sincerely hope our own authority will look into this matter more critically and review their opinion.

This year also saw the start of a system in liaison with the Birmingham Dental School whereby final year dental students are sent to the Service as part of their course to see and study at first hand the various aspects of the School Dental Service. This is an excellent idea and it is hoped that the Dental School will do this on a larger scale and allow the students more time for this purpose.

Perhaps the item to mark the year was the opening of the new dental clinics at Penn and Wednesfield. These two dental suites undoubtedly reflect Wolverhampton's far-sighted attitude to dental

health and dental education. The architectural design, the equipment, the facilities etc., have attracted chief officers from other authorities who hope to emulate our system because it fulfils the modern concept of surgery design and facilities. It is in this particular context as well as others that I wish to express my gratitude and appreciation to all sections of the local authority services, particularly the Education, Health and Architect's Departments. The interest and continued support of the chairman and members of the Education Committee and the Director of Education is greatly appreciated and is reflected in no small way by the standing of the Wolverhampton School Dental Service locally and nationally.



# DENTAL INSPECTIONS AND TREATMENT CARRIED OUT BY THE AUTHORITY

DURING THE YEAR ENDED 31st DECEMBER, 1969

Number of Pupils on the Register of Maintained Primary and Secondary Schools including  
Nursery and Special Schools in January 1969 as in Forms 7, 7m and 11 schools ..... 49,543

## ATTENDANCES AND TREATMENT

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First visit .....	6,897	5,023	1,191	13,111
Subsequent visits .....	12,200	13,597	3,241	29,038
Total visits .....	19,097	18,620	4,432	42,149
Additional courses of treatment commenced .....	482	422	46	950
Fillings in permanent teeth .....	8,059	14,159	3,935	26,153
Fillings in deciduous teeth .....	8,621	889	—	9,510
Permanent teeth filled .....	6,092	12,116	3,561	21,769
Deciduous teeth filled .....	7,687	832	—	8,519
Permanent teeth extracted .....	883	3,168	699	4,750
Deciduous teeth extracted .....	10,806	2,146	—	12,952
General anaesthetics .....	4,141	1,989	271	6,401
Emergencies .....	2,577	1,583	355	4,515

Number of Pupils X-rayed ..... 1,042  
 Prophylaxis ..... 3,875  
 Teeth otherwise conserved ..... 952  
 Number of teeth root filled ..... 88  
 Inlays ..... 17  
 Crowns ..... 227  
 Courses of treatment completed ..... 6,893

## ORTHODONTICS

Cases remaining from previous year ..... 356  
 New cases commenced during year ..... 314  
 Cases completed during year ..... 186  
 Cases discontinued during year ..... 34  
 Number of removable appliances fitted ..... 641  
 Number of fixed appliances fitted ..... 29  
 Pupils referred to Hospital Consultant ..... Nil

## PROSTHETICS

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
Pupils supplied with F.U. or F.L. (first-time) .....	—	3	2	5
Pupils supplied with other dentures (first-time) .....	9	42	25	76
Number of Dentures supplied .....	14	72	31	117

## ANAESTHETICS

General Anaesthetics administered by Dental Officers ..... 907

## INSPECTIONS

(a) First inspection at school. Number of Pupils ..... 3,470  
 (b) First inspection at clinic. Number of Pupils ..... 14,246  
 Number of (a) + (b) found to require treatment ..... 14,698  
 Number of (a) + (b) offered treatment ..... 14,698  
 (c) Pupils re-inspected at school or clinic ..... 5,497  
 Number of (c) found to require treatment ..... 3,716

## SESSIONS

Sessions devoted to treatment ..... 6,640  
 Sessions devoted to inspection ..... 759  
 Sessions devoted to Dental Health Education ..... 397









